

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000090016

1. Entity Name

JC'S CASINO GETAWAYS, INC.

Principal Place of Business

6900-29 DANIELS PKWY. #295
FT MYERS FL 33908

Mailing Address

6900-29 DANIELS PKWY. #295
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3755263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDAFFIO, JOSEPH
6900-29 DANIELS PKWY, #295
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

CANDAFFIO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

5686 YOUNGQUIST RD #1-03

City

FT MYERS FL

FL

Zip Code

33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P
CANDAFFIO, JOSEPH
STREET ADDRESS
6900 DANIELS PARKWAY
CITY-ST-ZIP
FORT MYERS FL 33908

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P
CANDAFFIO, JOSEPH
STREET ADDRESS
5686 YOUNGQUIST RD #1-03
CITY-ST-ZIP
FT MYERS FL, 33912

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
900012861129
02/20/03--01008--025 **300.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
02-03

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

February 10, 2003


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Florida Dept. of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Tyrone
Re: JC's Casino Getaways, Inc.
Ref # P00000090016

Dear Tyrone,

Enclosed is a check for \$300 per our conversation today. This is for 2002/2003 Uniform Business Report. We did file for 2002, however we did not receive notice until today, a year later, that we failed to sign the check. Enclosed is a copy of the returned check and we are requesting a waiver of any late penalties for reinstating our corporation. Thank you very much.

Sincerely,


Joseph Candaffio